

**California Health and Human Services Agency
Committee on the Protection of Human Subjects**

New Project Application and Checklist

Date: _____

Project Title: _____

Principal Investigator: _____

Address: _____

Telephone: () _____ Fax: E-mail: _____

Type of Review Requested (check one)

- ☐ Full committee review
- ☐ Expedited review (available only for projects without any direct human contact, such as projects using pre-existing data or specimens)

Have you included the following (please check)?

All Projects

- ☐ Cover Letter
- ☐ Project Protocol
- ☐ Signature of P.I. and Responsible Official on Project Protocol
- ☐ C.V. of Principal Investigator(s)
- ☐ New Project Review Form

Other Possible Items, Check if Submitted in Research Proposal

- ☐ Checklist for Research Involving Children
- ☐ Checklist for Research Involving Pregnant Women and Fetuses
- ☐ Checklist for Research Involving Neonates
- ☐ Checklist for Research Involving Prisoners
- ☐ Privacy and Security Checklist for Expedited Review of Data-only Projects
- ☐ Informed Consent Form
- ☐ Letters of administrative approval
- ☐ Grant application
- ☐ C.V. of translator
- ☐ Additional Project Materials

Specify: _____

CPHS Office Use Only
ALL SHADED AREAS ARE
FOR CPHS OFFICE USE ONLY

Project No. _____

Office Notes:

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**